

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>home</i>		Town <i>Mardela</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>9</i>	Age <i>4</i>	Years <i>7</i>	Months <i>4</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Occupation <i></i>			Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Chas W Bacon</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Florence Shockley</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>C W Bacon</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Weakness</i>	How long <i>4 months</i>
Immediate <i>General debility</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A J Seal</i>
	Address <i>Mardela md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Lessie C. Bethard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Wango</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec.</i>	Day <i>6th</i>	Age <i>7</i> Years	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico, Co. Md.</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>Fathers Home</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>L. M. Bethard</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Rose Brittingham</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Wm R. Laws</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Dr. Lindell of Whaleyville
Worcester Co.

attended the little girl Md.

I was told he ^{said} worms was the cause
of her death

Geo. C. Hill

Undertaker
Salisbury Md.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Micawee</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>5</i>	Age Years <i>83</i>	Months <i>8</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name or date or Husband <i>Samuel Black</i>			
Father's Name <i>Edward Fletcher</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Ebba E Johnson</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Leah Humphrey</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Supposed old age</i>	How long <i>600 7 yrs</i>
Immediate <i>Don't know</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D G Hullaway & Co</i>
	Address <i>Underwater Salisbury, MD</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Wm J. Brewington

CERTIFICATE OF DEATH

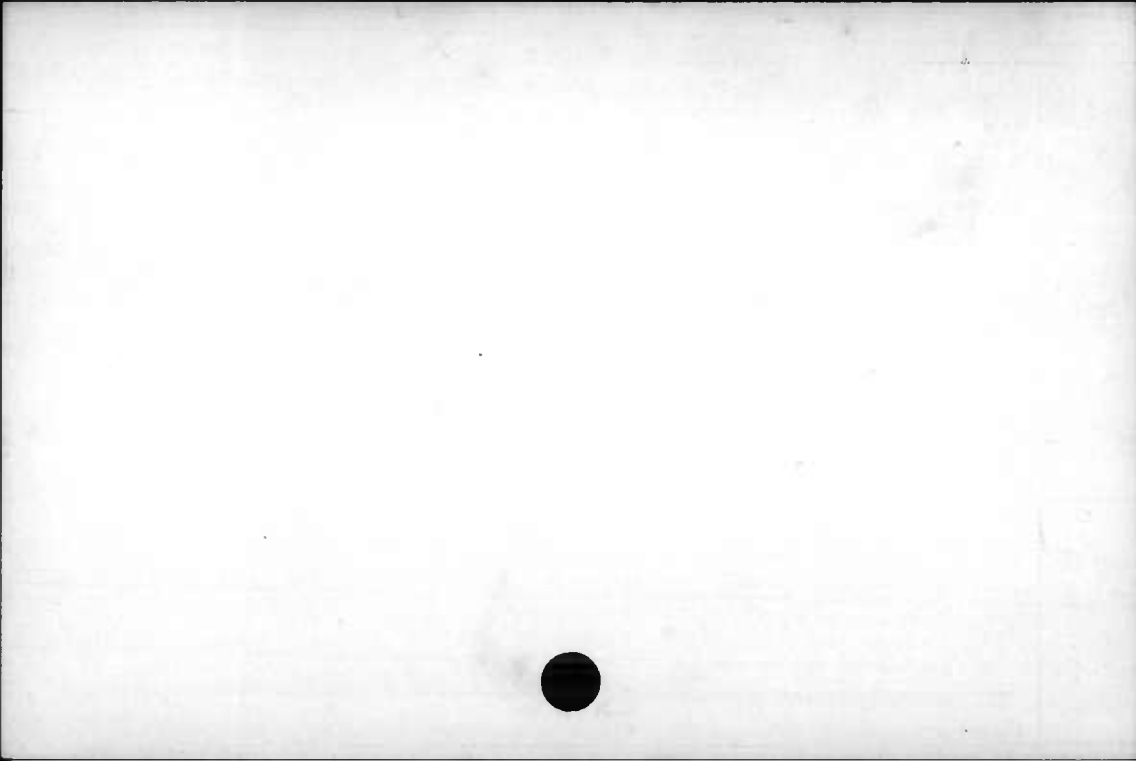
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Salisbury		County Wicomico		MARYLAND	
Date of death 1903	Month Dec.	Day 18	Age Years 55	Months —	Days 26
Sex Male	Color or Race White		Birth- place Salisbury Md		
Married, Single or Widowed Married		Occupation Merchant			
Name of Wife or Husband Lottie V. White					
Father's Name Henry J. Brewington			Father's Birthplace Md		
Mother's Maiden Name Orinthia Long			Mother's Birthplace Md.		
Name of person giving information Carroll Brewington			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Brights	How long 24 hrs
Immediate Uræmia & Paralysis	How long few hrs
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Geo. H. Todd
	Address Salisbury Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powellville</i>		County <i>Wagoner</i>		MARYLAND	
Date of death	1903	Month 12	Day 6	Age 18	Months 11
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>		
Occupation <i>Wife of a mechanic</i>	Where Residing if not at place of death <i>Powellville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edward E. Cooper</i>				
Father's Name <i>James Noah Clark</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Fannie Atkins</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Edward E. Cooper</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>6 months</i>
Immediate <i>Deep cold</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Tynan</i>
	Address <i>Whaleyville Md</i>
Accident or Suicide?	



Mrs. F. Carey
 Town County

Died at

Allin *Nic*

MARYLAND

Date 1903

Month Day
Dec 3

Age

Y M D
25 8 13

Native of

Mo

Occupation

Farming

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

~~Husband~~
 of

~~Wife~~

Father's

Name

Washington W. Carey

Mother's

Maiden Name

Ann Maria Bonds

Cause of

Primary

How long sick

Sudden

Death

Immediate

Heart Trouble

~~Accident, Suicide, Homicide~~

Reported by

Address

Allin

*J. B. Long, M.D.
 Maryland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

No Name

CERTIFICATE OF DEATH

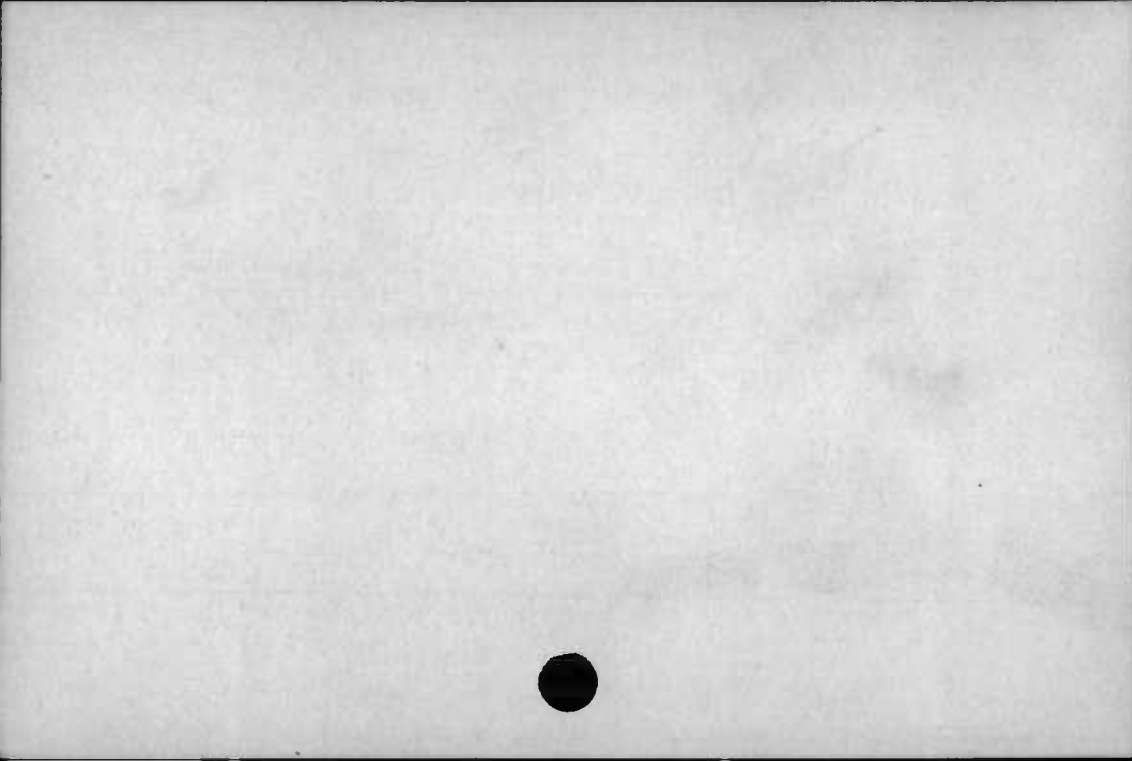
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Anconico</i>		MARYLAND	
Date of death		Month <i>Dec</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>Salisbury Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Lee H. Cox</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>M. Estell Brown</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Lee H. Cox</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>		How long	<i>—</i>
Immediate	<i>11</i>		How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Geo. W. Todd</i>	
			Address <i>Salisbury Md</i>	
Accident or Suicide?				



Name
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CERTIFICATE OF DEATH

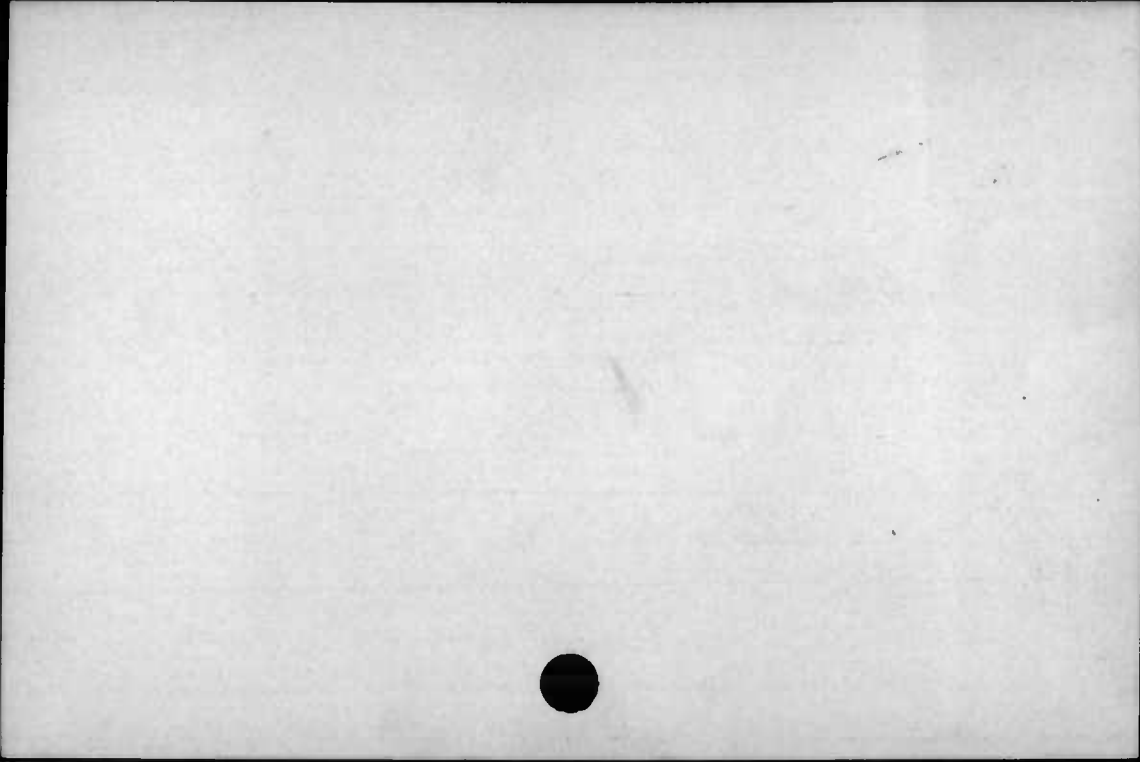
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Powellville</i>		County <i>Meigs</i>		MARYLAND	
Date of death	1903	Month <i>dec</i>	Day <i>born</i>	Age	Years	Months	Days
Sex <i>boy</i>	Color or Race <i>black</i>			Birth- place <i>Powellville</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>don't no</i>					
Father's Name <i>Habe Dier</i>		<i>Cal</i>		Father's Birthplace			
Mother's Maiden Name		<i>G.</i>		Mother's Birthplace <i>don't no</i>			
Name of person giving In formation <i>Habe Dier</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address <i>Powellville Md</i>
Accident or Suicide?		



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Maggie Elzey</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>12</i>	
Age <i>19</i>		Years <i>19</i>		Months <i>7</i>		Days <i>19</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Id</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name or Wife or Husband					
Father's Name <i>Charles W Elzey</i>		Father's Birthplace <i>Id</i>					
Mother's Maiden Name <i>Harriet Bashell</i>		Mother's Birthplace <i>McL</i>					
Name of person giving information <i>Daniel J Elzey</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Confinement</i>		How long <i>18 days</i>	
Immediate <i>Septic infection</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Smith</i>	
		Address <i>Salisbury, Md</i>	
Accident or Suicide? <i>No</i>			

Woman was attended by
midwife & confined Nov. 26th.
I saw her 3 days ago with
septic metritis & peritonitis
Maydick

Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cecil W Fields

Died at *Salisbury* Town*Wicomico* County

MARYLAND

Date
of death *1903*Month
*July*Day
16

Age

Years

Months
*6*Days
12

Sex

*Male*Color or
Race*Black*Birth-
place*Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John W Fields*Father's
Birthplace*Md*Mother's
Maiden Name*Lizzie Hayman*Mother's
Birthplace*Md*Name of person giving
information*Lizzie Fields*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Pneumonia

How long

1 day without

Immediate

Asphyxiation

How long

*few minutes*Are the name, age, sex, color, date
and place correctly given above?*So far as*Signature of
Physician

Address

*I know**J. W. Fields
Salisbury, Md*

Accident or Suicide?

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary A. Hooks</i>		Town <i>Salisbury</i>		County <i>Micomico</i>		MARYLAND	
Died at							
Date of death	1903	Month	Dec.	Day	8	Years	89
						Months	
						Days	21
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Micomico Co., Md.</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>at S. T. Williams Home</i>				
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Handy Hooks</i>			
Father's Name	<i>James Hooks</i>					Father's Birthplace	<i>Pittsville Md.</i>
Mother's Maiden Name	<i>Elizabeth Hearn</i>					Mother's Birthplace	<i>near Pittsville "</i>
Name of person giving information	<i>Samuel T. Williams</i>					How related to deceased	<i>Nephew by marriage</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Trouble</i>	How long	<i>Several years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Saml T Williams</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide?			



Name In Full

Certificate of Death

May Hughes
Town

County

Wicomico

MARYLAND

Died at Quantico

Date 1903 Dec 31

Month Day

Y. M. D.

Native of

Occupation

Age 18

Quantic home

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Charles Hughes

Mother's

Maiden Name

Mary Fletcher

Cause of

Primary

Death

Immediate

Remittent Fever

How long sick

Accident, Suicide, Homicide

Reported by

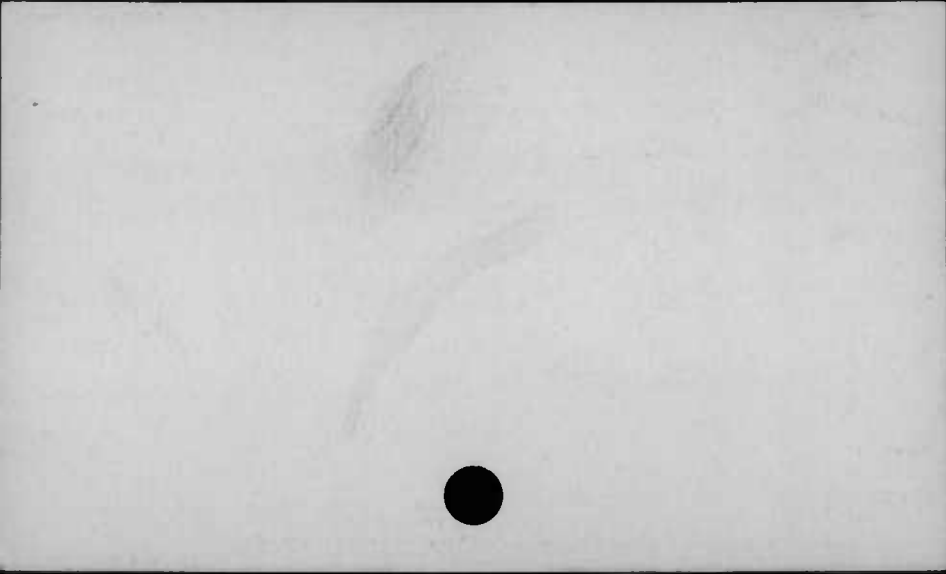
Wm H. H. Dashiell M.D.

Address

Quantic Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

W. E. Lee

Town

County

MARYLAND

Died at

Salisbury and Theomaco Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1903

Dec

2

Age

50

USA

Trading Salesman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Aneurism

How long sick

24 years

Death

Immediate

Ruptured sac

Accident, Suicide, Homicide

Reported by

L. C. Freney M.D.

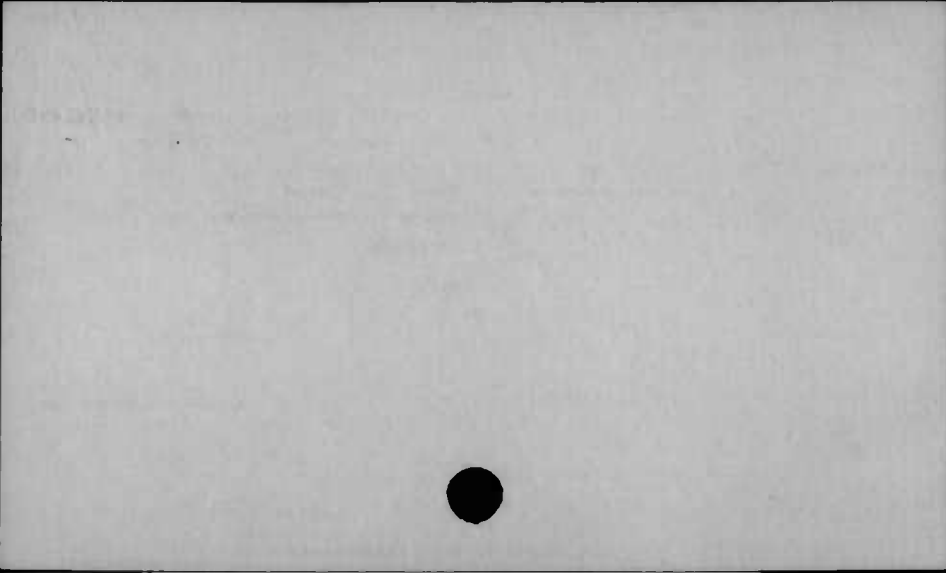
P. E. Hospital

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SEVEN



Name
in
Full

CERTIFICATE OF DEATH

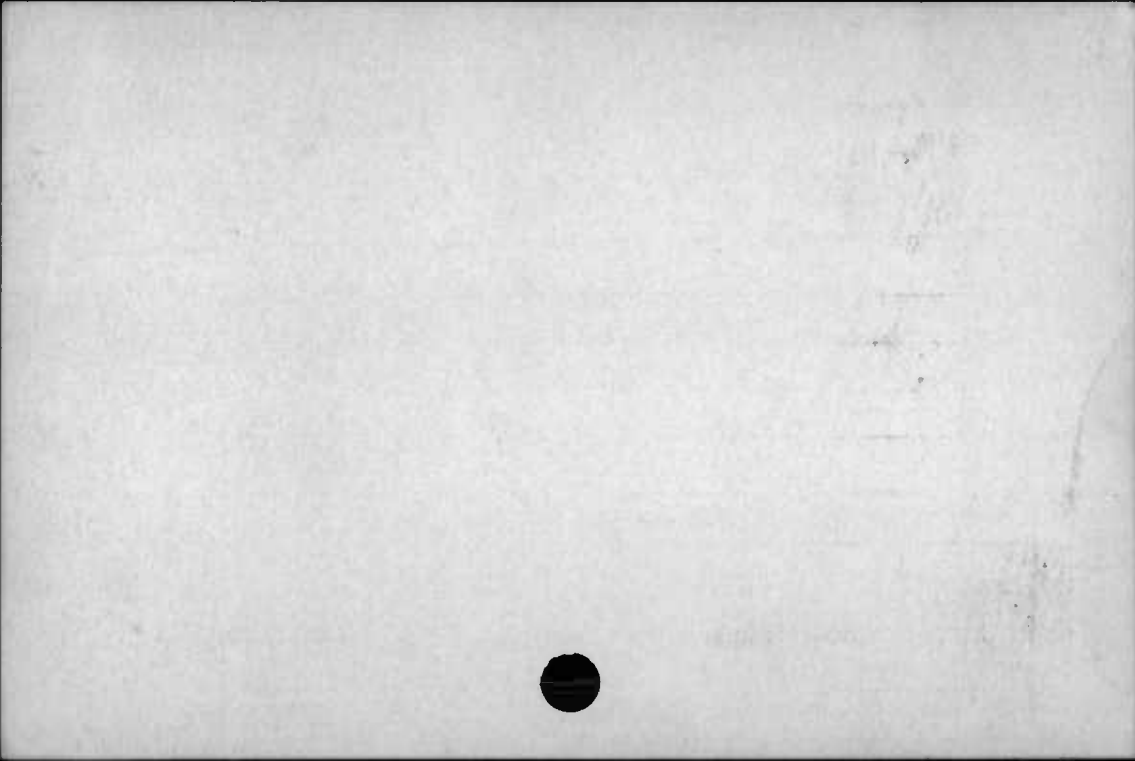
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1903	Month	Dec	Day	8
Age	18	Years	8	Months	25
Sex	male	Color or Race	Black	Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	<i>John Leonard</i>		Father's Birthplace <i>Md</i>		
Mother's Maiden Name	<i>Mary Brewington</i>		Mother's Birthplace <i>Md</i>		
Name of person giving information	<i>Lillie Leonard</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>3 Months</i>
Immediate	<i>Sudden trouble & dropsy</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Gardiner Shing</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1903		Dec		4 th		Age 36	
Sex		Color or Race		Birth-place			
Male		Mulatto		Salisbury Md			
Occupation		Where Residing if not at place of death					
Seaborner		near Salisbury					
Married, Single or Widowed		Name of Wife or Husband					
Single		~~~~~					
Father's Name		Father's Birthplace					
not known		~~~~~					
Mother's Maiden Name		Mother's Birthplace					
Leconard		~~~~~					
Name of person giving information		How related to deceased					
D. H. Williams		none					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Geo. C. Hill	
		Address	
		Undertaker	
		Salisbury Md	
Accident or Suicide?			

The Boy had no Doctor
I think it was a case of
consumption

Geo. C. Hill
Undertaker
Salisbury
Md.

Name
in
Full

CERTIFICATE OF DEATH

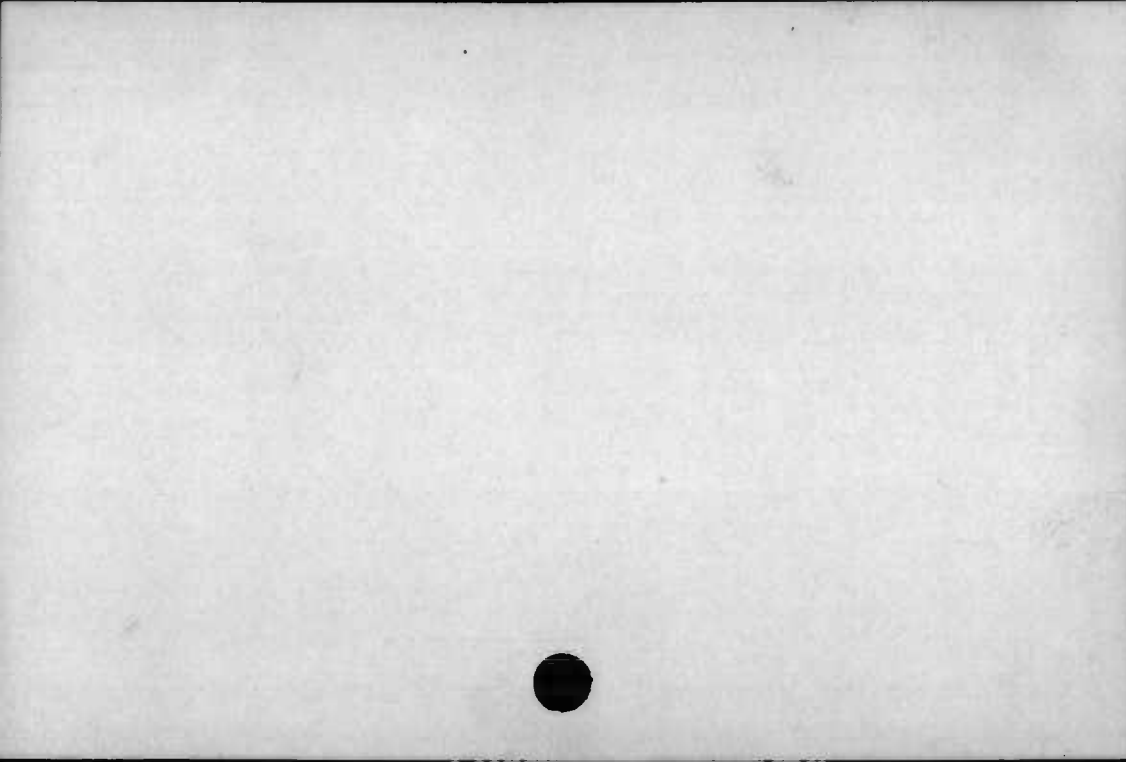
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powellville</i> ^{Town}		<i>Wearnes</i> ^{County}		MARYLAND							
Date of death	1903	Month	<i>Dec</i>	Day	<i>24</i>	Years	<i>25</i>	Months	<i>4</i>	Days	<i>2</i>
Sex	<i>boy</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>				
Occupation	<i>day labor</i>				Where Residing if not at place of death		<i>Powellville</i>				
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband								
Father's Name	<i>Loda Littleton</i>						Father's Birthplace	<i>Powellville</i>			
Mother's Maiden Name	<i>Annie Bradford</i>						Mother's Birthplace	<i>^{near} Powellville</i>			
Name of person giving information	<i>George Littleton</i>						How related to deceased	<i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>Three months</i>
Immediate	<i>no</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. Springs</i>
<i>yes</i>		Address	<i>Powellville</i>
Accident or Suicide?			<i>No</i>



Name
in
Full

Nettie M. Nutter

CERTIFICATE OF DEATH

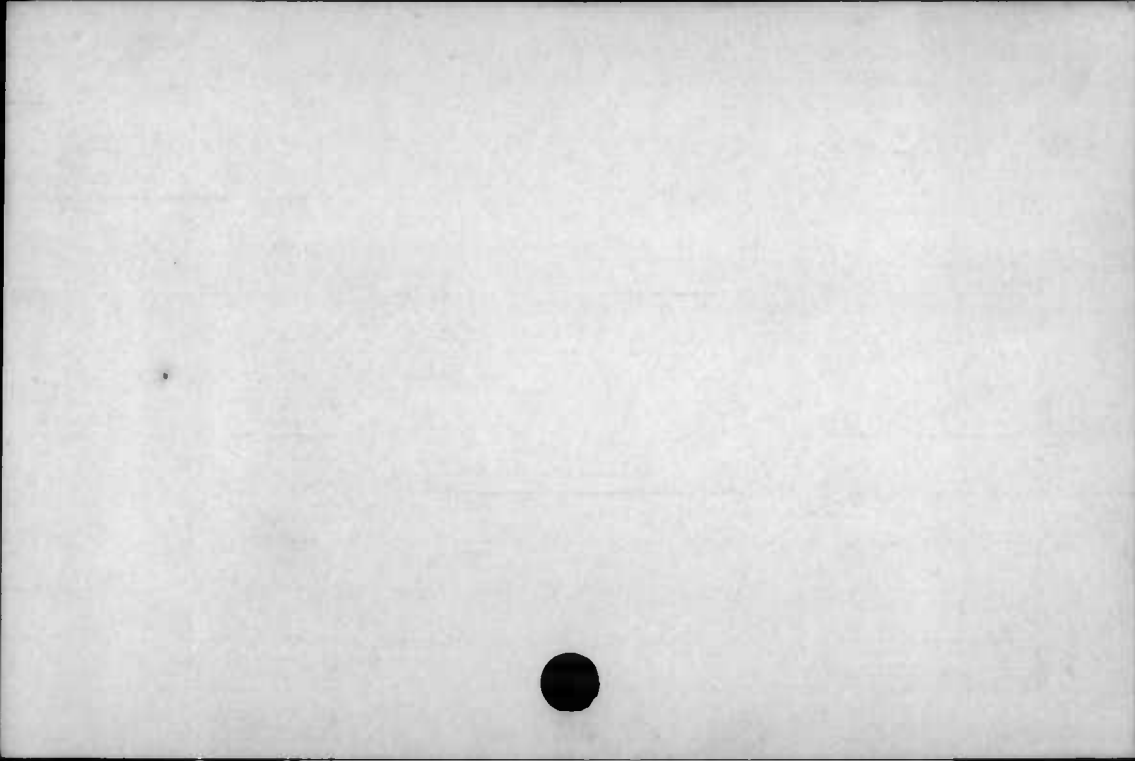
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec</i>	Day <i>1</i>	Age <i>22</i> Years	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Nantuxet Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel H Nutter</i>				
Father's Name <i>John H Hardy</i>	Father's Birthplace <i>Md</i>			<i>30</i>	
Mother's Maiden Name <i>Sarah M Lewis</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Samuel H Nutter</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pelvic Inflammation</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>O. M. Humphreys</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Mary Alice Parsons

Died at Parsonsbury Town Whicomico County MARYLAND

Date 10 03 12 8 Month Day Y. M. D. Age 64 1 9 Native of Maryland Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 5

husband of Minos H. Parsons 90
 Wife
 Father's Name Theodore Hagan Mother's Name Sally Carey
 Cause of Death { Primary Bronchitis How long sick 2 weeks
 Immediate Emphysema Accident, Suicide, Homicide

Reported by

Geo. W. Truitt

Address

ParsonsburyMd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
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Full

CERTIFICATE OF DEATH

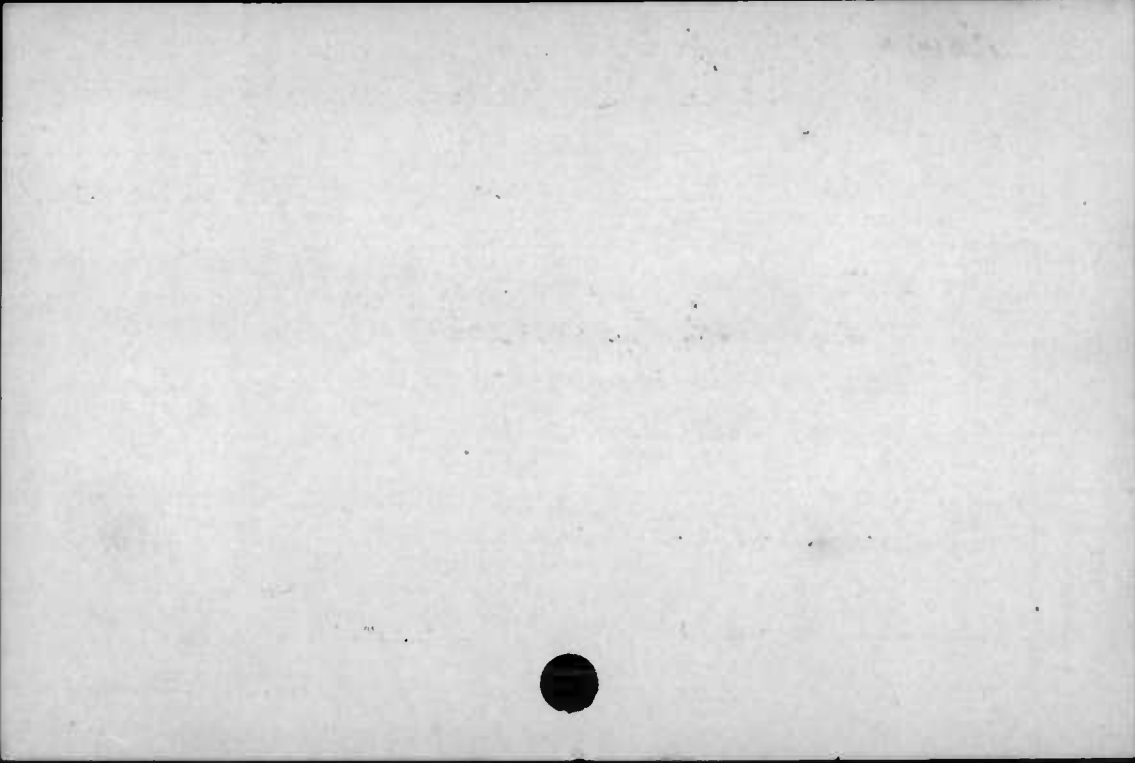
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1111</i> ^{Town} <i>Born infant</i> ^{County} <i>Wisconsin</i>		MARYLAND	
Date of death <i>1903</i>	Month	Day	Years
Sex <i>girl</i>	Color or Race <i>white</i>		Birth-place <i>Powellville</i>
Occupation	Where Residing if not at place of death <i>11</i>		
Married, Single or Widowed <i>1</i>	Name of Wife or Husband		
Father's Name <i>Beacham, Smith</i>	Father's Birthplace <i>Worcester Co.</i>		
Mother's Maiden Name <i>I. C. A. Wilkins</i>	Mother's Birthplace <i>11</i>		
Name of person giving information <i>—</i>	How related to deceased <i>11</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>S.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>1</i>	
	Address <i>No Physician</i>	
Accident or Suicide?		



Name
in
Full

Esther Leroy Taylor

CERTIFICATE OF DEATH

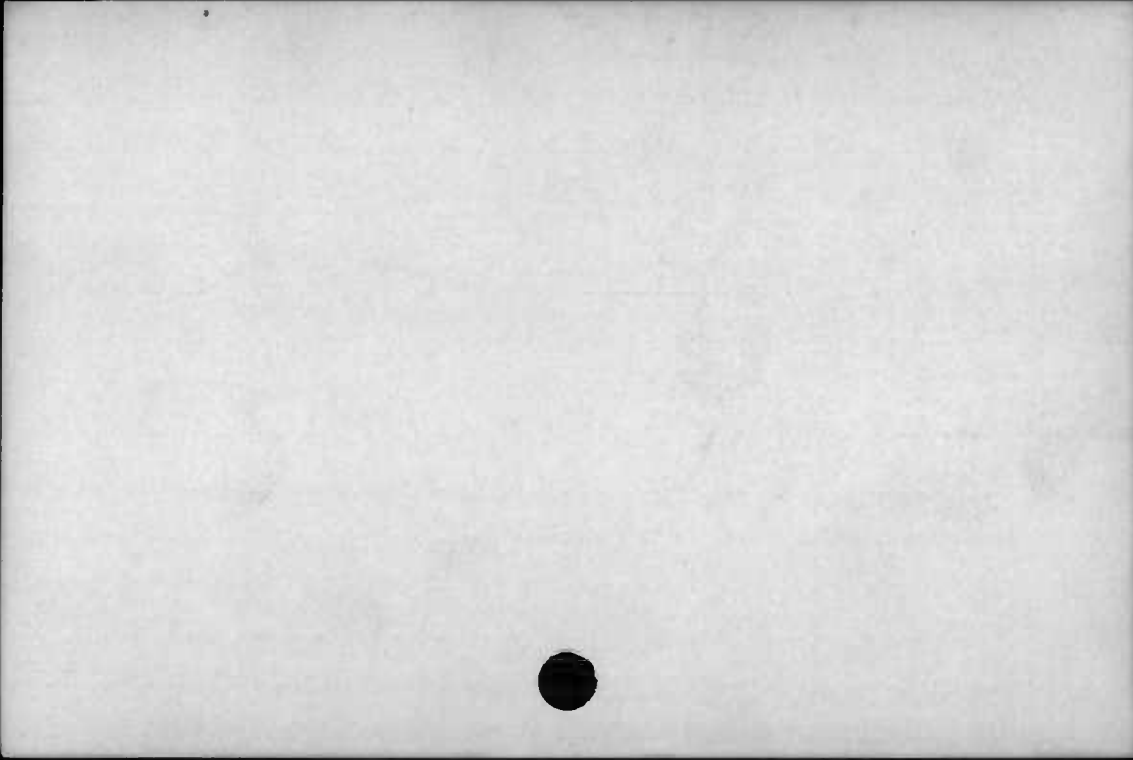
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Siloam</i> <small>Town</small>		<i>Wiconisco</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	<i>Dec.</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>35-</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Taylor</i>				
Father's Name <i>Wm P. Renshaw</i>	Father's Birthplace <i>Id</i>				
Mother's Maiden Name <i>Ann E. Edwards</i>	Mother's Birthplace				
Name of person giving information <i>Samuel P. Taylor</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>consumption</i>	How long
Immediate		<i>3 Years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. C. Hill</i>
		Address <i>Underlaker</i>
		<i>Salisbury Md.</i>
Accident or Suicide?		



Bertha Winder

Town

County

Died at Max
Hebron

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903 Dec 28

Age 20

Quantico Servant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's
Name

William Winder

Mother's
Maiden Name

Elizgie Winder

Cause of

Primary

How long sick

Death

Immediate

Pulmonary Consumption

Accident, Suicide, Homicide

Reported by

Wm. H. H. Dashiell M.D.

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

